

Joseph Wm With Barn
Ruth Grimsshaw

Exact Location
of original barn

Exact Loca of the 1/2

Writer
Informant: Laron With
Provest. -0680
245E 300 S

STATE

ZIP CODE

RELATIONSHIP

CURRENT COVERAGE NO.

No.

Industrial Accident

Yes ☒ No ☐

RECIPIENT NAME ON ID CARD

Medical No.

*5th finger dislocated
- sharp & grind
- surface of tibia -*

ATTENDING PHYSICIAN

PHYSICIAN'S FEE

TEMP PULSE RESP BLOOD PRESS

OTHER SERVICES RENDERED

CHARGE

X-ray

Laboratory

Physical Therapy

be Signed by Patient or Authorized Person